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Bib Data Sheet

CONFIRMATION NO. 7139

SERIAL NUMBER 10/849,511	FILING OR 371(c) DATE 05/19/2004 RULE	CLASS 707	GROUP ART UNIT 2169	ATTORNEY DOCKET NO. RA 5566 (33012/373/101)
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** CONTINUING DATA ***** No *[Signature]*** FOREIGN APPLICATIONS ***** No - *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 17	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>				

ADDRESS

27516

TITLE

Stored procedure interface

FILING FEE RECEIVED 960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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